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01 FC:2201 700.00 DA 02 FC:2202 100.00 DA I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 2, 2006

Signature: What H. Challes

Docket No.: 27702/10061

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Patent Application of: Jerome M. Klosowski et al.

Application No.: 10/718,233

Confirmation No.: 9906

Filed: November 19, 2003

Art Unit: 1714

For: ADHESION PROMOTERS FOR SEALANTS

Examiner: S. K. Poulos

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 27, 2006, please amend the aboveidentified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

27702/38513

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			88				- [RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMB	ER EXTRA		BASIC FEE	 	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			SS_minus 20=		• 68			X\$ 9=	612.0	ŊЯ	X\$18=	
INDEPENDENT CLAIMS			of-mi	nus 3 =	<u> </u>			X43=	4300		X86=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							t	TOTAL	1040	9R	TOTAL	
5/5/Nb CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>L</u>	SMALL		OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
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		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								445		•	.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR:	+290=	•
***	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												